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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
, , , , , , , , , , , , , , , , , , ,	GAS		
OPERATOR			
	1		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	u.s.g.s.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE	AUTHORIZATION TO TRANSFORT OIL AND MATURAL DAS								
	TRANSPORTER OIL									
	GAS									
	OPERATOR									
I.	PRORATION OFFICE Operator								<del></del>	<del></del>
	BTA Oil Producers Address									
	104 So. Pecos, M. Reason(s) for filing (Check proper box)		d, Te	xas 7970		Other (Please	explain)			
	New Well		in Trans	sporter of:		Omer (2 teads	c.,,			
	Recompletion	011		X Dry Go	15 🔲					
	Change in Ownership	Casing	head Gas	Conde	nsate					
	If change of ownership give name									
	and address of previous owner									
II.	DESCRIPTION OF WELL AND I	LEASE								
	Lease Name	Well N		Name, Including F			Kind of Lease			Lease No.
	Curtis 695 Ltd.	1	Ur	designate	ed-Penr	1	State, Federal	or Fe	e	N/A
	Location	n –		North	. 1	980	F4 F #	₩e	st	
	Unit Letter;;	Feet 1	From The	North Li	ne and	- 500	_ Feet From T	ne		
	Line of Section 23 Tow	mship '	9-S	Range	35-E	, NMPM,	Le	a		County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF O	IL AND	NATURAL GA	Address (	Give address to	which approv	ed copy of thi	s form is to	be sent)
	Mobil Pipe Line (				Box	900. Da	llas. T	exas 7	5221	
	Name of Authorized Transporter of Cas	ingh <del>a</del> ad Gas	· X	Dry Gas	Address (	900, Da Give address to	which approv	ed copy of thi	s form is to	be sent)
	Warren Petroleum	Corp.			Box 1	L589, Tu	lsa, Ok		74100	)
	If well produces oil or liquids,		Sec.	Twp. Rge.	Is gas act	tually connected	d? Whe			
	give location of tanks.	<u> </u>	<u>23</u> i	9 : 35						
	If this production is commingled wit COMPLETION DATA	h that from	any oth	er lease or pool,	give comm	ingling order	number:		<del></del>	<del></del>
14.		(V)	Oil Wel	l Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	. Diff. Res'v.
	Designate Type of Completio		 		<u> </u>	1	1	D D 77 D		<u> </u>
	Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/C	Top Oil/Gas Pay		Tubing Depth		
	distributed (by this the transfer of the trans									
	Perforations							Depth Casin	g Shoe	
			TUBIA	C CASING AN	D CENENT	ING PECOPI	<u> </u>	L	<del></del>	
	HOLE SIZE	CASI		JBING SIZE	DEPTH SET			SACKS CEMENT		
	HOLE SIZE	0,10.								
								<b>↓</b>		
		<u> </u>			<u> </u>			<u> </u>		
V.	TEST DATA AND REQUEST FO	OR ALLO	WABLE	(Test must be a able for this d		y of total volum or full 24 hours)		ind must be eq	ual to or ex	ceed top attow-
	Date First New Oil Run To Tanks	Date of Te	at		Producing	Method (Flow,	, pump, gas lif	t, etc.)		
								Choke Size		
	Length of Test Tubing Pressure		Casing Pressure							
	Actual Prod. During Test	Oil-Bbie.			Water - Bb	ile.		Gas-MCF		
									···	
	GAS WELL Actual Prod. Test-MCF/D Length of Test				Bhle. Cor	ndensate/MMCF		Gravity of C	ondensate	
	Actual Prod. Test-MCF/D	Length of	1 000		22.2. 00.	ZOLIO CIO, IVIIVICI				
	Testing Method (pitot, back pr.)	Tubing Pre	sswe (S	hut-in )	Casing P	ressure (Shut-	-in)	Choke Size		
					<u> </u>					
VI.	CERTIFICATE OF COMPLIANCE	CE				OHD C	ONSERVA	TION COM	MISSION	,
					ABBB	OVED /		· /	100	9
	Commission have been complied to	ereby certify that the rules and regulations of the Oil Conservation nmission have been complied with and that the information given				APPROVED 19				
	above is true and complete to the	is true and complete to the best of my knowledge and belief.			BY					
	Cent Officers				TITLE	TITLE SUPERVISOR PISTRICE				
					This form is to be filed in compliance with RULE 1104.					
					اه ووسيسال	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
						tests taken on the well in accordance with RULE 111.				

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

Supt. (Title)

1969 (Date)

Production

November 5,